

COPY NUMBER:

\_\_\_\_\_

\* Obtain copy number from front cover of Offering Documentation.

**SUBSCRIPTION FORM  
DECORRELATED INCOME STRATEGY FUND  
(THE "FUND")  
A SUB-FUND OF  
BERGHOLT SICAV P.L.C.  
(THE "SCHEME")**

This form duly completed should be sent to:

Trident Fund Services (Malta) Limited  
The Cornerstone Complex  
Level 3, Suite 3  
16<sup>th</sup> September Square  
Mosta  
Malta, MST 1180

Fax: +356 21434595

Email: [shareholderservicesmalta@tridentfundsolutions.com](mailto:shareholderservicesmalta@tridentfundsolutions.com)

I/We the undersigned, having received and read a copy of the confidential the Offering Memorandum of the Scheme and offering supplement of the Fund each dated 5 May 2017 (the "**Offering Documentation**") hereby apply for the following Class Shares:

Share Class	Isin	Currency	Class Shares
Class A	MT7000019808	EUR	
Class B	MT7000019816	EUR	
Class C	MT7000019824	CHF	
Class D	MT7000019832	CHF	

.....(amount in words)

or such number of Class Shares in the Fund as may be subscribed for with:

Share Class	Isin	Currency	Cash Amount
Class A	MT7000019808	EUR	
Class B	MT7000019816	EUR	
Class C	MT7000019824	CHF	
Class D	MT7000019832	CHF	

EUR..... (amount in words)

and undertake to have settled therefor in full by telegraphic transfer, for value by:

.....(insert value date) to the following account:

IBAN Number: CH 950 860 910 500 0390 000  
Currency: EUR  
Sub Account Name: Decorrelated Income Strategy Fund

CHF..... (amount in words)

and undertake to have settled therefor in full by telegraphic transfer, for value by:

.....(insert value date) to the following account:

IBAN Number: CH 6808 6091 0500 0390 001  
Currency: CHF  
Sub Account Name: Decorrelated Income Strategy Fund

The Class Shares in the Fund hereby subscribed for are herein referred to as the "**Shares**".

I/We acknowledge that, due to money laundering requirements operating within its jurisdiction and/or the requirements of the Money Laundering Regulations (as amended) of Malta and the Guidance Notes issued pursuant thereto, the Administrator may require further identification of the applicant(s) before the application can be processed and the Administrator shall be held harmless and indemnified against any loss arising as a result of a failure to process the application if such information has been requested by the Administrator and has not been provided by me/us.

I/We hereby agree to be bound by the Offering Documentation and the memorandum and articles of association of the Scheme, as amended and/or restated from time to time (the "**Articles**").

In consideration of the Administrator processing this Subscription Form and the Scheme making a provisional allotment of Shares, I/we hereby agree to indemnify and hold harmless the Scheme, the Administrator, the Directors of the Scheme and the Investment Manager against any loss, costs or expenses incurred by it or them as a result of my/our failure to pay the required subscription monies for the application of Shares within the time required by the Administrator.

I/We confirm that I am/we are 18 years of age or over (*natural persons only*).

I/We warrant that (a) I/we have the knowledge, expertise and experience in financial matters to evaluate the risks of investing in the Fund; (b) I am/we are aware of the risks inherent in investing in the Shares and the method by which the assets of the Fund are held and/or traded; and (c) I/we can bear the risk of loss of my/our entire investment.

I/We warrant that I am/we are able to acquire Shares without violating applicable laws.

I/We hereby accept such lesser number of Shares, if any, than may be specified above in respect of which this application may be accepted.

I/We having received and considered a copy of the Offering Documentation, hereby confirm that this application is based solely on the Offering Documentation and any supplement thereto current at the date of this Subscription Form, the material contracts as described therein and the Articles, together (where applicable) with the most recent financial statements of the Scheme/Fund.

I/We request that the Shares issued pursuant to this application be registered in the name(s) and address set out below.

The Administrator is hereby authorised and instructed to accept and execute any instructions in respect of the Shares to which this application relates given by me/us in written form including by email to the email address listed above. If the instructions are given by me/us by facsimile, I/we undertake to confirm them in writing. I/We hereby agree to indemnify the Administrator and agree to keep it indemnified against any loss of any nature whatsoever arising to any of them as a result of it acting upon facsimile instructions. The Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.

I/We are fully empowered and have authority to make this investment whether the investment is on my/our own behalf or on the behalf of another person or institution.

I/We confirm that I/we have the right and authority to request a redemption of Shares and confirm that I/we will comply with the redemption procedures set out in the Offering Documentation. All redemption instructions may be made in writing including by email to the email address listed above. Any applications for redemption made by telephone must be confirmed in writing including by email to the email address listed above.

I/We agree that the issue and allotment to me/us of Shares is subject to the provisions of the Offering Documentation and the Articles, that subscription for Shares will be governed and construed in accordance with Malta law and I/we confirm that by subscribing for Shares, I/we are not relying on any information or representation other than such as may be contained in the Offering Documentation.

I/We hereby agree to indemnify and keep indemnified the Scheme and the Administrator against any loss arising to either of them as a result of any breach of any representation, warranty, covenant or confirmation by me/us in this Subscription Form or of my/our failure to disclose any relevant details or provide them with all information requested by either of them.

In the case of delay or failure to provide satisfactory information, the Administrator may take such action (including declining to accept an application) as it thinks fit.

I/We agree to notify the Administrator immediately if I/we become aware that any of these confirmations are no longer accurate and complete in all respects and agree immediately either to sell or to tender to the Administrator for redemption a sufficient number of Shares to allow the confirmation to be made.

I/We acknowledge and agree that pursuant to the Articles, the Directors shall, if lawfully required to do so under the laws of any jurisdiction to which the Scheme, or any service provider to the Scheme is subject, be entitled to disclose any information regarding the affairs of the Scheme including without limitation information contained in the register of members of the Scheme and books of the Scheme and its Fund. The Directors, any person acting as a service provider to the Scheme and any other person authorised by the Directors shall have the right to access all information belonging to the Scheme.

I/We agree to provide the above confirmations to the Administrator at such times as the Administrator may request, and to provide on request such certifications, documents or other evidence as the Administrator may reasonably require to substantiate such representations.

We direct that on the death of one of us the Shares for which we hereby apply be held in the name of and to the order of the survivor or survivors of us or the executor or manager of such survivor or survivors (*joint applicants only*).

I/We agree to provide to the Scheme or its agents, upon request, any documentation or other information that the Scheme or its agents may require from time to time in connection with the Scheme/Fund's obligations under, and compliance with, applicable laws and regulations including, but not limited to FATCA. By executing this Form, I/we waive any provision under the laws and regulations of any jurisdiction that would, in the absence of such waiver, prevent or inhibit the Scheme/Fund's compliance with applicable law as described in this paragraph including, but not limited to preventing (i) me/us from providing any requested information or documentation, or (ii) the disclosure by the Scheme or its agents of the provided information or documentation to applicable governmental or regulatory authorities.

I/We further acknowledge that the Scheme and/or the Administrator may take such action as each of them considers necessary in relation to my/our holding and/or redemption proceeds to ensure that any withholding tax payable by the Scheme, and any related costs, interest, penalties and other losses and liabilities suffered by the Scheme or the Administrator, or any other investor, or any agent, delegate, employee, director, officer or affiliate of any of the foregoing persons, arising from my/our failure to provide any requested documentation or other information to the Scheme, is economically borne by me/us.

I/We declare that I am/we are eligible to be treated as a "Qualifying Investor" as defined in the Offering Documentation, since I/we satisfy the definition thereof in light of the positive response(s) that I/we have given in the Qualifying Investor Declaration Form set out below.

This Subscription Form shall be governed by and construed in accordance with the laws of Malta.

(COMPLETE IN BLOCK LETTERS PLEASE)

**Entity Account Holder Identification**

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Entity's Name	Date of Incorporation/Organization	Country
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Entity's Client Number *(to be filled in by the Sponsor)*

**Registered Address:**

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Number & Street	City/Town
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State/Province/County	Post Code	Country
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Tel No	Fax No	Email
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**Individual (or Joint) Account Holder Identification**

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Individual (or Joint) Account Holder Name(s)	Date of Birth (dd/mm/yyyy)	Country of Birth
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**Permanent Residence Address:**

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Number & Street	City/Town
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State/Province/County	Post Code	Country
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Pasport/ ID Card No.	Nationality
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Tel No	Fax No	Email
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**Mailing Address (if different from above):**

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Number & Street	City/Town
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State/Province/County	Post Code	Country
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**Account Holder Bank Account details (for settlement of a redemption of Shares)**

- Applicants must wire the payments from the below stated account.
- The name of the account **must** match the name of the applicant.

- Redemption proceeds and any annual returns will only be sent to the same account. Any change to the below stated account must be notified to the Administrator in writing together with reasons explaining the change. The Administrator will then decide upon accepting the revised details.

<b>Bank</b>	
<b>Address</b>	
<b>SWIFT Code</b>	
<b>Account number</b>	
<b>Account name</b>	
<b>Correspondent bank (if applicable)</b>	
<b>Sub-account name (if applicable)</b>	
<b>Sub-account number (if applicable)</b>	

The Administrator will require the origin of funds, evidenced by way of an inward SWIFT report from the bank administering the Fund's bank account to the Fund. Wire confirmations for subscriptions must match the information provided above and the account must be held in the name of the Subscriber. No third party payments will be accepted.

**SOURCE OF WEALTH:**

I/We declare that the source of wealth for my/our subscription in the Fund is:

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- The description should be specific and contain details relating to the source from which the funds for the subscription for Shares have been received. Generic descriptions like 'savings', 'salary', 'investment income', etc. will not be acceptable.
- The Administrator reserves the right to request for further clarifications or additional documentation, as may be deemed necessary, in order to ensure compliance with applicable anti-money laundering legislation.

**Politically Exposed Persons**

Is the applicant or, if applicable, any of its underlying beneficial owners or controllers (e.g. director, trustee etc.) a senior government, political or military official, or an immediate family member, or a close associate of such person (a "Politically Exposed Person")?

Yes

No

If yes, please state which government: \_\_\_\_\_

If yes, please state what position in the government: \_\_\_\_\_

If an immediate family member or close associate of a Politically Exposed Person, please state the nature of the relationship: \_\_\_\_\_

**Beneficial Ownership** - Please check one of the following boxes:

I/We certify that I/we shall be the Beneficial Owner(s) of the Shares subscribed for.

I/We shall not be the Beneficial Owner(s) of the Shares subscribed for. I/We are acting on behalf of the Beneficial Owner(s) of the Shares subscribed for.

Name(s) of the Beneficial Owner(s) of the Shares:

\_\_\_\_\_  
\_\_\_\_\_

**Entity Declaration and Undertakings**

I/We declare (as an authorised signatory of the Entity) that the information provided in this Form is, to the best of my/our knowledge and belief, accurate and complete.

Authorised Signature: \_\_\_\_\_

Authorised Signature: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: (dd/mm/yyyy): \_\_\_\_\_

Date: (dd/mm/yyyy): \_\_\_\_\_

**Individual (Joint) Declaration and Undertakings**

I/We declare that the information provided in this Form is, to the best of my knowledge and belief, accurate and complete.

Signature: \_\_\_\_\_

Date: (dd/mm/yyyy): \_\_\_\_\_



**QUALIFYING INVESTOR DECLARATION FORM**

**This Schedule should be completed by the Qualifying Investor or his/her Duly Authorised Agent**  
(tick as appropriate below)

**Name of Investor/Duly Authorised Agent:**

\_\_\_\_\_  
(Insert name)

**The investment is being made directly by the Investor (not through a Duly Authorised Agent)**

- I/We hereby confirm that I am/we are eligible to be treated as an “Qualifying Investor”, since I/we satisfy the definition thereof in light of the positive response(s) that I/we have given to the question(s) below or the reasons supplied. I/we certify that I/we have read and understood the Offering Documentation including the mandatory risk warnings.

**The investment is not being made directly by the Investor but through a Duly Authorised Agent**

- I hereby confirm that I have been properly appointed as a Duly Authorised Agent of a prospective investor in the Scheme described above. I certify that my principal is eligible to be treated as a “Qualifying Investor” since my principal satisfies the definition thereof in light of the positive response(s) that I have given to the question(s) below in respect of my principal or appropriate reasons provided. I certify that my principal has read and understood the Offering Documentation including the mandatory risk warnings.

I qualify/My Principal qualifies (strike out as applicable) as a “Qualifying Investor”, as I am/he/she/it/we is/are:

	<u>Yes</u>	<u>No</u>
i. A body corporate which has net assets in excess of EUR 750,000 (or the equivalent amount in any other currency) or which is part of a group which has net assets in excess of EUR 750,000 (or the equivalent amount in any other currency);	<input type="checkbox"/>	<input type="checkbox"/>
ii. An unincorporated body of persons or associated which has net assets in excess of EUR 750,000 (or the equivalent amount in any other currency);	<input type="checkbox"/>	<input type="checkbox"/>

- iii. A trust where the net value of the trust's assets is in excess of EUR 750,000 (or the equivalent amount in any other currency);
- iv. An individual, or in the case of a body corporate, the majority of its Board of Directors or in the case of a partnership its General Partner, who has reasonable experience in the acquisition and/or disposal of funds of a similar nature or risk profile; or property of the same kind as the property, or a substantial part of the property, to which the Scheme in question relates;
- v. An individual whose net worth or joint net worth with that person's spouse, exceeds EUR750,000 (or the equivalent amount in any other currency); or
- vi. A senior employee or director of service providers to the Scheme.

<b>Name of Investor/ Duly Authorised Agent</b>	
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<b>Signature</b>	
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<b>Title/Capacity in which signed</b>	
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<b>Date</b>	
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## **ENTITY SELF-CERTIFICATION FOR FATCA AND CRS**

### ***Instructions for completion***

*The Administrator is obliged under FATCA to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances the Administrator may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by local law.*

*If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.*

*For further information on FATCA please refer to the US Department of the Treasury's website at <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.*

*If any of the information below about the investor's tax residence or FATCA classification changes in the future, please ensure that we are advised of these changes promptly.*

*(Mandatory fields are marked with an \*)*

***Investors that are individuals should not complete this form and should complete the form entitled "Individual Self-Certification for FATCA and CRS".***

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### **Section 1: Investor Identification**

**Investor Name\*:** \_\_\_\_\_ (the "Entity")

**Country of Incorporation or Organisation:** \_\_\_\_\_

#### **Current Registered Address\*:**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

#### **Mailing address (if different from above):**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

City, town, State, Province or County: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

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**Section 2: FATCA Declaration Specified U.S. Person:**

Please tick either (a), (b) or (c) below and complete as appropriate.

a) The Entity is a *Specified U.S. Person* and the Entity's U.S. Federal Taxpayer Identifying number (U.S. TIN) is as follows:

U.S. TIN: \_\_\_\_\_

Or

b) The Entity is **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

Or

c) The Entity is a US person but **not** a *Specified U.S. Person* (please also complete Sections 3, 4 and 5)

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**Section 3: Entity's FATCA Classification\* (the information provided in this section is for FATCA, please note your classification may differ from your CRS classification in Section 5):**

**3.1 Financial Institutions under FATCA:**

If the Entity is a *Financial Institution*, please tick one of the below categories and provide the Entity's GIIN at 3.2

I.	<i>Partner Jurisdiction Financial Institution</i>	
II.	<i>Registered Deemed Compliant Foreign Financial Institution</i>	
III.	<i>Participating Foreign Financial Institution</i>	

**3.2** Please provide the Entity's Global Intermediary Identification number (GIIN) \_\_\_\_\_

**3.3** If the Entity is a *Financial Institution* but unable to provide a *GIIN*, please tick one of the below reasons:

I.	The Entity has not yet obtained a <i>GIIN</i> but is sponsored by another entity which does have a <i>GIIN</i> Please provide the sponsor's name and sponsor's <i>GIIN</i> : Sponsor's Name: _____ Sponsor's <i>GIIN</i> : _____	
II.	<i>Exempt Beneficial Owner</i>	
III.	<i>Certified Deemed Compliant Foreign Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)</i>	
IV.	<i>Non-Participating Foreign Financial Institution</i>	
V.	<i>Excepted Foreign Financial Institution</i>	

**3.4 Non-Financial Institutions under FATCA:**

If the Entity is not a *Financial Institution*, please tick one of the below categories

I.	<i>Active Non-Financial Foreign Entity</i>	
II.	<i>Passive Non-Financial Foreign Entity</i> (If this box is ticked, please include self-certification forms for each of your <i>Controlling Persons</i> )	

III.	Excepted Non-Financial Foreign Entity	
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**Section 4: CRS Declaration of Tax Residency (please note that you may choose more than one country)\***

Please indicate the Entity's country of tax residence for CRS purposes, (if resident in more than one country please detail all countries of tax residence and associated tax identification numbers ("TIN")).

**NOTE:** Provision of a TIN is required unless you are resident in a Jurisdiction that does not issue a TIN.

If the Entity is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that below and provide its place of effective management or country in which its principal office is located.

Country of Tax Residency	Tax ID Number

**Section 5: Entity's CRS Classification\*** (The information provided in this section is for CRS. Please note an Entity's CRS classification may differ from its FATCA classification in Section 3):

For more information please see the CRS Standard and associated commentary.

<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>

**5.1 Financial Institutions under CRS:**

If the Entity is a *Financial Institution*, please tick one of the below categories

I.	Financial Institution under CRS (other than (II) below)	
II.	An <i>Investment Entity</i> located in a <i>Non-Participating Jurisdiction</i> and managed by another <i>Financial Institution</i> (If this box is ticked, please indicate the name of any Controlling Person(s) of the Entity and complete a separate individual self-certification forms for each of your Controlling Persons**)	

**5.2 Non Financial Institutions under CRS:**

If the Entity is a *Non Financial Institution*, please tick one of the below categories

I.	Active <i>Non-Financial Entity</i> – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation	
II.	Active <i>Non-Financial Entity</i> – a Government Entity or Central Bank	

III.	<i>Active Non-Financial Entity</i> – an International Organisation	
IV.	<i>Active Non-Financial Entity</i> – other than (I)-(III) (for example a start-up NFE or a non-profit NFE)	
V.	<i>Passive Non-Financial Entity</i> (If this box is ticked, please complete a separate individual Self-Certification Form for each of your Controlling Person(s) )	

**\*\*Controlling Person’s:**

**NB: Please note that each Controlling person must complete a Separate Individual Self-Certification form.**

**If there are no natural person(s) who exercise control of the Entity then the Controlling Person will be the natural person(s) who hold the position of senior managing official of the Entity.**

*For further information on Identification requirements under CRS for Controlling Persons, see the Commentary to Section VIII of the CRS.*

*<http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>*

**Section 6: Declarations and Undertakings**

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect.

**Authorised Signature(s)\*:**

\_\_\_\_\_

**Print Name(s)\*:**

\_\_\_\_\_

**Capacity in which declaration is made\*:**

\_\_\_\_\_

Date: (dd/mm/yyyy):\* \_\_\_\_\_

**Individual (Controlling Person's) Self-Certification for FATCA and CRS**

**Instructions for completion**

*The Administrator is obliged under FATCA to collect certain information about each investor's tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances the Administrator may be legally obliged to share this information, and other financial information with respect to an investor's interests in the Fund with relevant tax authorities. This form is intended to request information only where such request is not prohibited by local law.*

*If you have any questions about this form or defining the investor's tax residency status, please refer to the OECD CRS Portal or speak to a tax adviser.*

*For further information on FATCA or CRS please refer to the US Department of the Treasury's website at: <http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA> or the following link to the OECD CRS Information Portal at: <http://www.oecd.org/tax/automatic-exchange/> in the case of CRS only.*

*If any of the information below about the investor's tax residence or FATCA/CRS classification changes in the future, please advise of these changes promptly.*

*Please note that where there are joint or multiple account holders each investor is required to complete a separate Self-Certification form.*

**Sections 1, 2, 3 and 5 must be completed by all investors.**

**Section 4 should only be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity. For further guidance see <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/common-reporting-standard-and-related-commentaries/#d.en.345314>**

**(Mandatory fields are marked with an \*)**

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**Section 1: Investor Identification**

**Investor Name\*:** \_\_\_\_\_

**Current Residential Address\*:**

Number: \_\_\_\_\_ Street:

\_\_\_\_\_

City, Town, State, Province or County:

\_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Mailing address (if different from above):**

Number: \_\_\_\_\_ Street:

\_\_\_\_\_

City, Town, State, Province or County:

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Postal/ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Place of Birth\***

Town or City of Birth\*: \_\_\_\_\_ Country of Birth\*:

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Date of Birth\*(dd/mm/yyyy):

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**Section 2: FATCA Declaration of U.S. Citizenship or U.S. Residence for Tax purposes\*:**

Please tick either (a) or (b) and complete as appropriate.

- (a) I confirm that [**I am**]/[the investor is] a U.S. citizen and/or resident in the U.S. for tax purposes and [my]/[its] U.S. federal taxpayer identifying number (U.S. TIN) is as follows:

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**OR**

- (b) I confirm that [**I am not**]/[the investor is not] a U.S. citizen or resident in the U.S. for tax purposes.

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**Section 3: CRS Declaration of Tax Residency (please note you may chose more than one country)\***

Please indicate your/ the investor's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers ("TIN"). Please see the CRS Portal for more information on Tax Residency.

Country of Tax Residency	Tax ID Number

**NOTE:** Provision of a Tax ID number (TIN) is required unless you are tax resident in a Jurisdiction that does not issue a TIN.

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**Section 4 – Type of Controlling Person**

(ONLY to be completed by any individual who is a Controlling Person of an entity investor which is a Passive Non-Financial Entity or an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution)



For joint or multiple Controlling Persons please complete a separate Self-Certification form for each Controlling Person

<b><i>Please Confirm what type of Controlling Person applicable under CRS that applies to you/the investor by ticking the appropriate box.</i></b>	<b>Please Tick</b>	<b>Entity Name</b>
Controlling Person of a legal person – control by ownership		
Controlling Person of a legal person – control by other means		
Controlling Person of a legal person – senior managing official		
Controlling Person of a trust - settlor		
Controlling Person of a trust – trustee		
Controlling Person of a trust – protector		
Controlling Person of a trust – beneficiary		
Controlling Person of a trust – other		
Controlling Person of a legal arrangement (non-trust) – settlor-equivalent		
Controlling Person of a legal arrangement (non-trust) – trustee-equivalent		
Controlling Person of a legal arrangement (non-trust) – protector-equivalent		
Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent		
Controlling Person of a legal arrangement (non-trust) – other-equivalent		

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**Section 5: Declaration and Undertakings:**

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident where those countries (or tax authorities in those countries) have entered into Agreements to exchange financial account information.

I undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occurs which causes any of the information contained in this form to be incorrect.

Authorised Signature\*: \_\_\_\_\_

Print Name\*: \_\_\_\_\_

Date: (dd/mm/yyyy)\*: \_\_\_\_\_

Capacity\*: \_\_\_\_\_

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**NOTES:**

1. This Subscription Form must be received by the Administrator no later than 5pm (Malta time) at least one (1) day prior to the relevant Subscription Day as set out in the Offering Documentation or such later time as may be agreed to by the Administrator in its sole discretion.
2. To be valid, Subscription Forms must be signed by each applicant.
3. In the case of a firm (not a limited company) applications should be in the name(s) of and signed by the proprietor(s).
4. A corporation should complete this Subscription Form under seal or under the hand of a duly authorised official who should state his capacity and furnish a certified copy of the authority pursuant to which such official is authorised.
5. If this Subscription Form is signed under a power of attorney, such power of attorney or a duly certified copy thereof and confirmation from a local lawyer as to the validity of such power of attorney under its proper or governing law must accompany this Subscription Form.
6. If this Subscription Form is not fully completed to the satisfaction of the Administrator, the application may not be accepted.

**Subscribers are also required to provide certified copies of the relevant documentation specified on the following pages. Based on the documentation provided, the Administrator reserves the right to request such further information or documents as it deems necessary.**

## DUE DILIGENCE AND KNOW YOUR CLIENT DOCUMENTS

1. INDIVIDUAL PERSON	Enclosed	To be forwarded	N/A
<p>1.1 Notarised* or certified by a bank, attorney, accountant or Investment Manager (IM) copy of Passport/ Drivers Licence or other form of government-issued identity with photograph included;</p> <p>1.2 One recent confirmation of address in your name (original, notarised or certified as above) – for example a utility bill, which must be dated within the last 6 months; (if a utility bill is not available then please provide some alternative proof of residence, for example a bank statement or a credit card statement, etc.);</p> <p>1.3 Proof of your Source of Wealth**. Example; evidence of employment or self-employment or evidence of any business ownership or directorship(s).</p> <p>1.4 In respect of E.U. Residents only, a notarised* (or certified by a bank, attorney, accountant or IM) copy of your Tax Identification Number (“TIN”) or equivalent.</p> <p><b><i>Note that, in all instances where bank details are required, if the bank is from a country that is not a full member of the FATF group or the EU, information may be required concerning the bank, or the subscription may be rejected.</i></b></p>			

2. CORPORATE ENTITY (excluding Entities in Sections 3, 6 and 7 below)	Enclosed	To be forwarded	N/A
<p>2.1 Notarised* (or certified by the relevant company registrar or as per 1.1) copy of, or original Certificate of Incorporation and any Change of Name Certificate;</p> <p>2.2 Notarised* or certified (as per 1.1) copy of, or original Memorandum and Articles of Association;</p> <p>2.3 A list, giving all directors, beneficial owners *** of 10%+ of share capital, all authorised signatories and copies of signatures;</p>			

2.4 Personal information on at least 2 directors and anyone authorised as a signatory for this application (as per 1.1 and 1.2), plus copies of signatures;			
2.5 Personal information on any beneficial owners*** holding 10% or more of the share capital (as per 1.1 and 1.2);			
2.6 Minutes, resolutions or declaration confirming the power to invest;			
2.7 Certified as per 1.1 copy of the Certificate of Registration, company number and country of registration;			
2.8 Most recent audited accounts, or written details on the nature of business conducted, signed by at least 2 directors;			
2.9 Corporate Structure showing ownership and control.			

<b>3. CORPORATE ENTITIES LISTED ON A RECOGNISED EXCHANGE IN THE EU OR IN A REPUTABLE JURISDICTION</b>	<b>Enclosed</b>	<b>To be forwarded</b>	<b>N/A</b>
3.1 The original or notarised* copy of the Certificate of Incorporation or the Certificate to Trade (copies may alternatively be certified as per 1.1);			
3.2 A list of Directors;			
3.3 A properly authorised mandate of the Directors to open/operate an account or establish the business relationship; and			
3.4 A list of authorised signatories;			

<b>4. PARTNERSHIPS OR OTHER UNINCORPORATED BUSINESSES</b>	<b>Enclosed</b>	<b>To be forwarded</b>	<b>N/A</b>
4.1 A list, giving all directors, or partners, beneficial owners of 10%+ of the business and all authorised signatories plus copies of the signatures;			

4.2 Personal information on at least 2 directors, or partners, and anyone authorised as a signatory for this transaction (as per 1.1 and 1.2);			
4.3 Personal information on the beneficial owners*** as per 4.1 (as per 1.1, 1.2 and 1.4);			
4.4 Copy of partnership agreement (if any), or other agreement establishing the unincorporated business;			
4.5 All information required for a Corporate Entity, as per 2.1 to 2.9 above;			
4.6 Corporate Structure showing ownership and control.			

<b>5. TRUSTS</b>	<b>Enclosed</b>	<b>To be forwarded</b>	<b>N/A</b>
5.1 Certified True Copy of Authorisation* or Licence of Trust from an EEA Country;			
5.2 Personal Details of the Trustee (as per 1.1 and 1.2);			
5.3 AML Comfort Letter from the Trustee confirming that the Trust carries out its own due diligence on the beneficiaries and settler of the Trust;			
5.4 Relevant Section of the Trust deed;			
5.5 Minutes, resolutions or declaration confirming the power to invest.			

<b>6. DESIGNATED BODY (“DB”)** ACTING AS PRINCIPAL</b>	<b>Enclosed</b>	<b>To be forwarded</b>	<b>N/A</b>
6.1 Confirmation that the DB is a “Designated Body”, to include confirmation of membership or association with appropriate regulatory body;			
6.2 Contact name and details at regulatory body, or web address to confirm regulatory status;			

6.3 Confirmation that the DB is investing and is allowed to invest as principal for its own account;			
6.4 Authorised signatories list, plus copies of signatures.			

<b>7. DESIGNATED BODY**** ACTING AS NOMINEE</b>	<b>Enclosed</b>	<b>To be forwarded</b>	<b>N/A</b>
7.1 Same information as requested under 6.1 and 6.2 above;			
7.2 Written confirmation that the DB complies with appropriate anti-money laundering regulations with regard to verifying identity and residence of investor(s);			
7.3 Details of anti-money laundering regulations that DB complies with;			
7.4 Undertaking that DB will provide its anti-money laundering due diligence files to the Administrator and/or other authorised Service Providers of the Fund or intermediaries receiving or processing this Subscription Form on demand;			
7.5 Authorised signatories list, plus copies of signatures;			
7.6 The identity of applicant for business and/or beneficial owners and purpose of the business relationship.			

\*Certification must be by a suitable person such as:-

- (a) a lawyer or accountant;
- (b) a director or manager of a regulated financial or credit institution;
- (c) a notary public

The certifier should:-

- (a) sign and date the copy document (printing his name clearly in capitals underneath); and
- (b) state that it is a true copy of the original and clearly indicate his position or capacity on it; and
- (c) additionally, in the case of a passport, provide a certified copy of the page bearing the photograph of the passport holder and include the following wording: 'I hereby certify this document to be a true copy of the original document seen and verified by me and that the photo is a true likeness of the individual seen by me.' Please provide a separate certification of the page bearing the signature of the passport holder and (if applicable) include the wording 'I hereby certify this document to be a true copy of the original'

*document seen and verified by me and that the photo is a true likeness of the individual seen by me.'*

*All copy documents provided should be clearly legible, particularly those documents containing photographs and signatures. Documents are to be translated into English by an independent person of proven competence and are to be accompanied with a statement indicating that the document is a certified true translation and the translation should be dated and signed.*

*\*\* In the event that the source of wealth is derived from employment income, the most recent payslip or an extract of the employment contract will be sufficient.*

*\*\*\* For the purposes hereof, "beneficial owner/s" means the natural person/s who ultimately own or control the applicant or on whose behalf this application is being made and includes, in the case of (i) an applicant which is a body corporate or a body of persons (other than a listed company which is subject to disclosure requirements consistent with EU law), individuals who ultimately own or control, directly or indirectly, more than 10% of the shares or voting rights in that body corporate or body of persons or who otherwise exercise control over the management of that body corporate or body of persons; or (ii) an applicant which is any other legal entity or legal arrangement which administers and distributes funds, individuals who are the beneficiaries (where these are determined) of at least 10% of the property of the legal entity or arrangement or (where the beneficiaries are not yet determined) the class of persons in whose main interest the legal entity or arrangement is set up or operates and individuals who control at least 10% of the legal entity or arrangement).*

*\*\*\*\* A "Designated Body" means, in the context of this application, a financial institution that is regulated by an appropriate regulator in an acceptable jurisdiction and meets certain regulatory standards regarding Anti Money Laundering procedures, in accordance with EU or FATF laws and regulations, as may be determined by the Fund, its officers, the Administrator and/or other authorised service providers of the Fund or intermediaries receiving or processing this Subscription Form or otherwise delegated by the Fund with such function*